

ARIZONA EQUIPMENT PURCHASE AUTHORIZATION (EPA)

DASR Ref # _____

Purchaser Company	Date	Duns # (if applicable)
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Billing Address	City	State	Zip
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Contact Name	Phone Number
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OPTION 1

<input type="checkbox"/>	Purchase Existing Equipment located at:
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Customer Name		U N I	
Service Address		Business Name	
Service City		Bldg/Unit	

OPTION 2

Purchase: New Equipment <input type="checkbox"/>	Supplies <input type="checkbox"/>
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Shipping Address:	<input type="checkbox"/> Will Pick Up	<input type="checkbox"/> UDC will install (if applicable)
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Company Name	
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Attn:	
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Address	
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City, State, Zip	
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EQUIPMENT DESCRIPTION -- To be filled in by UDC

Qty	Stock #	Equipment Type	Equipment Number	Equipment Serial Number	Equipment Warranty Date	Warranty Transferable Y/N	Unit Price	Total	Intent to Purchase Y/N

Sub Total

Sales Tax

Grand Total**Disclaimer to be prepared by the individual UDC**

I have read the above disclaimer and understand its content and further agree to the terms and conditions set forth above.

Purchaser

By: _____

Title: _____

Date: _____

Seller

By: _____

Title: _____

Date: _____

Date of ownership transfer _____